

ANTIGUA & BARBUDA



THE NATIONAL PARKS (TRADING) REGULATION, 2014  
STATUTORY INSTRUMENT

ANTIGUA & BARBUDA  
APPLICATION FOR NATIONAL PARKS SPECIAL EVENTS TRADING LICENCE

1. Full Name of Applicant(s): \_\_\_\_\_
2. Social Security No: \_\_\_\_\_
3. Medical Benefits No: \_\_\_\_\_
4. Passport No: \_\_\_\_\_ Place & Date of Issue: \_\_\_\_\_
5. Residential Address & Tel. No. \_\_\_\_\_
6. Work Permit No: Date of Expiration: \_\_\_\_\_
7. Nature/Type of business: \_\_\_\_\_
8. Address & Tel. No. of business: \_\_\_\_\_  
\_\_\_\_\_
9. Email address: \_\_\_\_\_
10. Trade or Business License No: \_\_\_\_\_ Date of Expiry \_\_\_\_\_
11. Name and Date of event for which license is required: \_\_\_\_\_
12. Have you /any director/shareholder/partner been convicted of drug, money laundering, financing of terrorism, or assault offence in Antigua & Barbuda in the past  
[  ] 2 years [  ] 5 years [  ] no
13. Has the Authority ever been revoked a license granted to you?  
[  ] yes [  ] no If yes, when: \_\_\_\_\_

**Certification**

The undersigned hereby certifies that the information contained in this form and in the accompanying attachments is true and correct to the best of my knowledge, information and belief. The undersigned agrees to notify the Authority of any material change thereto.

Dated..... day of ..... 20.....

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position/Designation